

FROM McANDREWS, HELD, & MALLOY

(THU) 10. 27' 05 17:38/ST. 17:38/NO. 4861050715 P 1



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TO: Examiner: S.H. Azarian
Group Art Unit: 2625

FAX NO.: 571 273 8300

FROM: Michael T. Cruz

USER ID: 8084

CLIENT: 1772

MATTER: 14484US01

Number of Pages This Transmission (Including Cover Page): 9

I hereby certify that the attached correspondence is being sent via facsimile transmission to the United States Patent and Trademark Office on October 27, 2005.

A handwritten signature of Michael T. Cruz in cursive script.
Michael T. Cruz
Reg. No. 44,636

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/085,468	
		Filing Date	February 28, 2002	
		First Named Inventor	A.D. Danielson	
		Art Unit	2625	
		Examiner Name	S.H. Azarian	
Total Number of Pages in This Submission		8	Attorney Docket Number	14484US01
ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		
		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination		
Remarks		Request for Continued Examination is filed in Duplicate.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm	McAndrews Held & Malloy, Ltd.			
Signature	<i>Michael T. Cruz</i>			
Printed Name	Michael T. Cruz			
Date	October 27, 2005			
CERTIFICATE OF FAX TRANSMITTAL				
I hereby certify that this correspondence is being sent via facsimile to the United States Patent and Trademark Office, fax No. 571 273 8300, on October 27, 2005.				
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636	
Signature	<i>Michael T. Cruz</i>	Date	October 27, 2005	

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Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).		Complete if Known					
FEE TRANSMITTAL for FY 2005		Application Number	10/085,488				
		Filing Date	February 28, 2002				
		First Named Inventor	A.D. Danielson				
		Examiner Name	S.H. Azarian				
		Art Unit	2625				
		Attorney Docket No.	14484US01				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUNT OF PAYMENT (\$)		790.00					
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Small Entity
							Fee (\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
							180
							Multiple Dependent Claims
							Fee
							Fee Paid (\$)
2. EXCESS CLAIM FEES Fee Description Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims							
Total Claims Extra Claims Fee (\$) Fee Paid (\$) -20 or HP x =							
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP x =							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 /50 (round up to a whole number) x =							
4. OTHER FEE (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: Request for Continued Examination							
790							
SUBMITTED BY							
Signature	<u>Michael T. Cruz</u>		Registration No. (Attorney/Agent)	44,635	Telephone	(312)775-8000	
Name (print/type)	Michael T. Cruz				Date	October 27, 2005	

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